

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

ELDERS DEPARTMENT

231-242-1423

7500 ODAWA CIRCLE

HARBOR SPRINGS, MI 49740

NO RECEIPTS OR
UTILITY BILLS
NEEDED!

FOOD & UTILITY APPROPRIATION ALLOWANCE APPLICATION

Please print the following information:

CURRENT YEAR _____ TRIBAL ENROLLMENT NUMBER _____

Name _____
First Middle Last

Address _____
Street

City State Zip Code

Date of Birth _____ Telephone Number _____

Signature _____ Date _____

By signing above I certify this appropriation will be used towards food, cleansers, or utility expenditures.

DO NOT WRITE BELOW THIS LINE! OFFICE USE ONLY.

		Amount
Food & Utilities Allowance	2107-2-6370-10	
Total Amount of Check		

ACCOUNTING USE ONLY
VENDOR #: _____
A.P. REVIEW: _____

CONTROLLER: _____

Requestor: _____ Date: _____

Approval: _____ Date: _____

✓	MAIL:
	RETURN TO DEPARTMENT:
	OTHER: